

# The evolution of population attending youth addiction outpatient clinic (CJC's) 2014-2015

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Since 2005, the French Monitoring Centre for Drugs and Drug Addiction (OFDT) has been responsible for evaluating the youth addiction outpatient clinics (CJC) system, an initiative launched in 2004 by the French Ministry of Health [1], in conjunction with the French Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). In response to the sharp rise in cannabis use observed during the 1990s [2], these structures are aimed at younger users and their families. Their role is to evaluate use and help young people to modify their behaviour over a few of sessions or to refer them for longer term support, particularly if the outpatient presents "health and/or social comorbidities" [1]. CJC's deal not only with substance addictions (cannabis, alcohol, tobacco, etc.), but also addictive behaviours, such as those relating to video games, for example. In line with the objective of early detection also defined in the missions of the scheme, these clinics have also forged partnerships with a range of institutions aimed at targeting a population that is not necessarily seeking treatment (schools, primary care settings, etc.). They may also establish so-called "advanced clinics" in places such as schools and other youth facilities.

In order to position CJC's as pivotal early intervention structures for young people and their families, France's Government Plan for Combating Drugs and Addictive Behaviours (2013-2017) coordinated by the MILDECA [3] introduced several measures aimed at "reinforcing youth addiction outpatient clinics". These measures are designed to promote the dissemination and appropriation of best professional practices (through training, the dissemination of a reference standard and the creation of a database of partnership experiences available online), but also to enhance the visibility of CJC's for front-line professionals and families.

To this end, a major public communication campaign (see box page 2) was conducted by the French National Institute for Prevention and Health Education (INPES) from 12 January to 8 February 2015<sup>1</sup>. Its purpose was to make families and professionals aware of these outreach community treatment facilities. In addition to the awareness aspect, the campaign also set out to remove the stigma of turning to CJC's (often wrongly identified as treatment centres for drug addicts) and promote dialogue on addictive behaviours within families, which itself would ultimately broaden the profile

*This issue of Tendances (Trends) analyses the status of the scheme in 2015 (methods of entry, profile, reasons for attending) following a public communication campaign conducted at the start of the year*



of new outpatient admissions to include people other than just cannabis users. A year after a first survey [4], this second one conducted in 2015 reveals the evolution of the population attending the clinics following the INPES' communication campaign. This issue of *Tendances* examines the main findings identified in terms of the methods of entry and the characteristics of the clients accessing the facilities.

## ■ Diversification of the methods of entry

### Increase in new outpatient admissions in advanced clinics

There are currently more than 540 CJC's in France [4]. The 2014 survey revealed that the services were spread across more than 420 municipalities in various forms: within CSAPAs (national treatment and prevention centres for addiction - associations and hospitals), hospital clinics and even "external" settings - in advanced clinics. The evaluation of the scheme after ten years of existence revealed an increase in the number of the latter clinics established in partner CJC institutions [4]. The 2015 survey shows that the share of questionnaires received (see methodology box) indicating that the consultation took place in a facility of this type increased from 15% in 2014 to 19% in 2015. While in 2014 advanced clinics were primarily concentrated in schools, in 2015 youth reception and counselling centres<sup>2</sup> appear to take precedence.

### Evolution in sources of referral

1. The campaign was broadcasted a second time from 1 to 21 November 2015 and ran again on the Internet until 15 December.

2. (PAEJ) Specialist centres dealing with health issues aimed at young people and their parents.

Recruitment channels varied between 2014 and 2015. There was a significant fall in the proportion of clients referred to the clinics by the legal system, which accounted for 41% of outpatients in 2014 compared to 33% in 2015. Conversely, the proportion of consultations resulting from family referral increased from 15% in 2014 to nearly 20% in 2015, with the increase concerning all ages. Family referrals are now second in the ranking of outpatient recruitment channels, behind legal referrals which remain predominant. Similarly, the proportion of referrals from the health sector (hospital professional, GP or occupational health professional) is increasing significantly, particularly as the age of outpatients increases. Such referrals account for 12% of consultations from the age of 25 (compared to 10% in 2014). GPs account for a significant share of the increase in the number of referrals - concerning the under 25s - by a health professional since they appear to be more aware of CJs as an external referral solution. The share of hospital referrals increases beyond the age of 25. The share of other sources of referral remains stable.

### Greater family visibility

More generally, the increased representation of families in the scheme is one of the key points to emerge from the 2015 survey. While the number of family referrals is rising, the presence of a family member as a support person during consultations is also on the increase. The proportion of users attending the clinic accompanied by a family member increased from 22% to 34% in the space of a year, with the proportion of family members attending without the user hovering around 7% and outpatients consulting unaccompanied still comprising the majority.

Users attending CJs as a result of family referrals are younger than the others and tend to be more addicted to video games. In 2015, video games only accounted for 5% of reasons for attending among young unaccompanied outpatients. They concern 14% and 16% respectively of consultations involving young people accompanied by their families and family members attending alone. This considerable mobilisation on the part of families explains another marked trend in the 2015 survey: the increase in the proportion of minors, from 25% to 30% in a year (the average age being 19 and a half in 2015).

Conversely, families attending without the person concerned are usually doing so on behalf of an adult child. The 18-25 year category dominates in this public and the proportion of non-working people involved is on the rise (increasing from 18% in 2014 to 24% in 2015). Finally, the proportion of intakes asso-

ciated with daily cannabis use increases significantly among families consulting alone, rising from 27% in 2014 to 46% in 2015.

### A media effect on family mobilisation

In 2015, around 2% of the population received said that they had identified CJs as a result of the television adverts. The proportion of clients attending via helplines and consultations with professionals able to "advise and guide towards CJs", as well as via the website [5], prior to the campaign, represents approximately 7% of all outpatients. Taking account of the identification of the scheme via the campaign, calls to the dedicated telephone lines and the website, the proportion of the clients entering CJs as a result of media initiatives is estimated to be around 10%. This proportion is 8% among consultations where the young user is unaccompanied.

The campaign thus appears to have had a greater impact on families: a significant proportion of them were made aware of the scheme thanks to the TV adverts.

Three indicators back this up: the proportion of consultations bringing together the young person and his/her family, the share of users referred by their families, the proportion of families attending without the young user, all encouraged by the campaign/helpline/Internet to consult. Thus, 12% of users attending CJs with their families said they had become aware of the scheme via the media campaign, compared to 8% of those attending unaccompanied. Similarly, 19% of people referred by the family were made aware of the scheme in the same way. This proportion peaks among families consulting the clinics

## CJC communication and advertising campaign [5]

The campaign rolled out for a four-week period in metropolitan France and the DOMs (French Overseas Territories) comprised a traditional media component, targeting parents of adolescents aged 14 to 17 (TV adverts, Internet campaign based on banners, press adverts, adverts broadcast in GP surgeries), young people (partnership with Skyrock<sup>3</sup>) and professionals (document dissemination programme: posters, leaflets, information cards). This media component was hinged in particular around TV adverts showing caricatural and imaginary visions induced by potentially addictive behaviour (use of cannabis, video games or alcohol) and presenting CJs as places where young people and parents can go to talk about use and prevent addiction [6].

The non-media component of the campaign was aimed at creating a "CJC reflex" among youth and health professionals, with a view to improving early detection of addictive behaviour. All of the campaign materials linked back to the online support service *Drogues Info Service* ([www.drogues-info-service.fr](http://www.drogues-info-service.fr)), which carries a specific page guiding the population groups concerned towards the CJs.

without the young user: 21% of them identified the clinics via the media campaign.

### ■ The profiles targeted by the campaign

#### The decreasing share of cannabis among reasons for consulting

Among outpatients for substance addiction, nearly three quarters of users attend the clinics for addiction to a single substance, with the remaining quarter mentioning several substances (mainly alcohol and cannabis, see table 1).

Although it accounts for the vast majority of outpatients, the proportion of clients reporting cannabis use as the reason for entering a CJC fell over the course of a year, decreasing from 81% in 2014 to 75% in 2015. Conversely, the number of clients attending for tobacco and alcohol use remains stable (see table 1), the fall recorded for the latter not being statistically significant.

The drop in the share of "cannabis outpatients" is associated with the modification in referral pathways, particularly the fall in the number of legal referrals in 2015. This recruitment channel accounts for twice as many referrals for cannabis users compared to other outpatients. In fact, self-referrals and family referrals rose from 14% in 2014 to 16% in 2015. Moreover, the campaign had a significant impact on these population groups. In line with what has been highlighted above concerning families, 12% of cannabis users who attended with their families were made aware of the scheme via the media campaign.

3. A French radio mainly aimed at young listeners (15/25 years old).

This proportion rises to 19% among those who attended spontaneously.

The campaign therefore contributes to the recruitment of a population presenting marked characteristics in 2015, such as a rise in daily cannabis use (see table 2). In particular, the number of spontaneous consultations among cannabis users increases.

### Young alcohol users: a difficult to reach public

One of the campaign's target publics in 2015 was that of young alcohol users. However, the proportion of outpatients attending the clinics for problems associated with this substance has not increased (see table 1). Moreover, they do not appear to have been any more receptive to the media campaign than other users.

Outpatients consulting for an alcohol-

**Table 1 - Type of product behind the consultation, in %**

		Minors	Men
Tobacco (n = 451)	2014 (6%)	48	69
	2015 (7%)	61	72
Alcohol (n = 928)	2014 (13%)	25	78
	2015 (12%)	24	82
Cannabis (n = 5,770)	2014 (81%)	41	83
	2015 (75%)	45	82
Video games (n = 435)	2014 (5%)	58	96
	2015 (7%)	72	96

Source: CJC survey 2014/2015, OFDT

Interpretation: 6% of people attending CJs consulted for tobacco use (with or without their families present). Of these, 48% were minors and 69% were male.

related issue are older than they were in 2014 and tend to be characterized by greater socio-economic vulnerability. In contrast to the global trend, the proportion of outpatients in the 18-25 age group consulting for an alcohol problem is on the increase: it rose from 62% in 2014 to 66% in 2015. Simultaneously, the proportion of clients with qualifications below baccalauréat level rose in this sub-population: it increased from 77% in 2014 to 83% in 2015. Lastly, the proportion of out-of-work clients consulting for alcohol problems is also rising: it increased from 16% in 2014 to 26% in 2015.

The increased representation of these vulnerable profiles among users may be linked to the growth in the number of such clients referred to the clinics by the legal system/Judicial youth protection service (PJJ) and by the health (hospital professional, GP, etc.) and socio-educational sectors. The proportion of clients recruited via these channels rose from 54% in 2014 to 61% in 2015.

Without the judicial referrals, it can therefore be assumed that the proportion of young people attending for an alcohol-related issue would have fallen. This point challenges the dynamism of the various source of referral. A greater awareness in the school, health and socio-educational sectors (which represent the main levers for mobilising this population outside the legal channel) of the specific problems of alcohol use in adolescents, as well as the associated risks, may well facilitate the increased recruitment of this population.

### A need to reinforce channels for recruiting women

The proportion of women attending the clinics did not increase in 2015: it continued to hover around 19%. And yet the campaign did reach this population because 13% of girls became aware of

the scheme via this channel (compared to 8% of boys). This proportion increases in girls attending spontaneously (22% of girls became aware of the scheme via the media campaign compared to 17% of boys) and those attending following family encouragement (23% compared to 18% of boys) – moreover, the proportion of girls attending following family encouragement increased from 16% in 2014 to 19% in 2015.

The fact that the proportion of girls attending CJs remained fairly static in 2015, despite their relative receptiveness to the media campaign, gives rise to questions about the specific characteristics of this population and the mobilisation levers to be activated in order to increase their representation in the scheme. The number of women potentially concerned is actually considerable. Hence, the ESCAPAD 2014 [7] survey shows that, among girls who smoked cannabis during the year (35%), almost one in five of them (17%) presented an increased risk of problematic cannabis use in 2014 (i.e. between 23,000 and 26,000 girls aged 17 in France). Diversifying the locations of advanced clinics to include centres used primarily by women (such as Family Planning Centres and Mother and Child Care Centres - PMI) may represent a potential avenue for promoting access of this target group - many studies show that women struggle to access addiction health care provision [8] - to the clinics.

### Increased numbers of video game users

In 2015, the proportion of outpatients attending CJs for video game addiction rose: it increased from 5% in 2014 to 7% in 2015. Although this public remains marginal, the trend is one of the significant points to emerge from the 2015 survey. In line with the increased overall proportion of younger users attending clinics, the point illustrates that the media campaign appears to have directly reached this particular population group.

The increase in the number of "gamers" attending CJs in 2015 is particularly marked in minors (see table 1). Thus many gamers have been referred through to the clinics via schools and the family, which together account for 72% of recruitments within this category.

It also appears that the media campaign had a positive effect in terms of the increase in the number of video-game enthusiasts attending. Most of the latter are mobilised by their families, who, as seen above, proved particularly susceptible to the media campaign. The media campaign also appears to have had a direct impact on young gamers: this recruitment channel is even more significant in these subjects than in the rest of the CJC population, including those attending on

**Table 2 - Breakdown of regular use prevalence's by client type, in %**

	Video games entrants (n = 435)		Alcohol entrants (n = 928)		Cannabis entrants (n = 5,770)		Total (n = 7,307)	
	2014	2015	2014	2015	2014	2015	2014	2015
Daily tobacco use	36	24	81	84	83	87	80	80
Regular alcohol use (at least 10 times a month)	4	3	35	39	10	10	12	11
Number of drunken episodes during the month	8	7	54	61	23	21	24	23
Heavy episodic drinking* (more than 3 times in a month)	6	7	49	58	21	22	22	23
Daily cannabis use	14	6	21	29	34	39	30	32

Source: CJC survey 2014/2015, OFDT

Interpretation: 24% of people attending for a problem related to video games in 2015 said that they smoked daily, compared to 80% for the outpatient population as a whole.

\* At least 5 glasses of alcohol on a given occasion.

their own. Around 30% of video-game users attending the clinics spontaneously were made aware of their existence by the campaign – 11% more than is the case for cannabis users.

These typical recruitment channels for video-game users (family and schools) go hand in hand with the characteristics that set them apart from the usual CJC outpatient population. They appear to be less socially vulnerable than the other outpatients. They also had higher qualifications than the average amongst the outpatients attending CJs in 2015, despite being younger: 18% of them had completed secondary school in 2015, compared to 16% across the sample population as a whole. Similarly, the proportion of those out of work is 10% in the video-game user group, compared to 17% for all responders.

Video-game users attending CJs also appear not to be significant users of psychoactive substances (for all substances combined) compared with other groups attending the clinics (see table 2). This difference increases in 2015 as the overall population of those attending gets younger and with the increase in family referrals.

## Conclusion

By comparing the population groups attending CJs between 2014 and 2015 it is possible to identify some significant trends. Firstly, the number of people

encouraged to attend by their families is on the rise. This source of referral has contributed to an increase in the proportion of minors and the number of video-game users attending. It appears that this trend can be interpreted as one of the effects of the CJC advertising campaign conducted by the INPES. Secondly, the proportion of treatment intakes related to cannabis, primarily via the judicial channel (the leading recruitment channel for this population for the past ten years) is falling. Lastly, this survey confirms the difficulties involved in recruiting young people who are heavy alcohol users, as well as women. The share of the latter within the overall population remained stable between 2014 and 2015.

While it is impossible to draw any definitive conclusion given the fact that there was just a year between surveys, the surveys do nevertheless suggest a need to diversify the source of referral for some user groups. The analysis of excessive alcohol users and the young female public paves the way for reflection regarding the galvanisation of certain partnerships and also encourages reflection on further initiatives aimed at specific target groups.

## methodological reference points

For the sake of comparability of results, the structure of the questionnaire and the methodological protocol were not modified between 2014 and 2015. All CJC professionals were asked to complete a questionnaire for each person attending between 20 April and 20 June 2015 (user or family). The questionnaire was shortened considerably in the second year to maintain a high response rate.

Out of 260 facilities managing some 540 Youth Addiction Outpatient Clinics in metropolitan France and the DOMs recorded in 2014 and 2015, 199 responded to the survey, i.e. a response rate of 77% compared to 82% in 2014. In 2015, the level of participation varied by region (as much as 100% in 4 regions), but also depending on the type of facility (59% in association-run CSAPAs vs. 33% in hospital-run CSAPAs, 7% in hospital clinics, 1.5% in jointly managed structures). This under-representation in the hospital clinic category has remained unchanged since the CJC survey was introduced ten years ago.

In total, 3,747 questionnaires were collected during the 9-week inclusion period in 2015 (vs. 5,421 during the 14-week survey period in 2014), ensuring a stable base of facilities participating in both surveys: 86% of facilities responding in 2015 took part in both surveys.

The guarantee of comparability between 2014 and 2015 made it possible to establish a combined database comprising all questionnaires from facilities having taken part in both surveys for which the outpatient of known sex and age was present (n = 7,307). The principal results presented in this issue of Tendances were analysed using this second database. Trends were systematically analysed when question formulation remained identical between the two surveys.

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